

UNITED STATES CIVIL SERVICE COMMISSION  
WASHINGTON 25, D. C.

ADDRESS ONLY  
"CIVIL SERVICE COMMISSION"  
IN YOUR REPLY REFER TO  
FILE  
AND DATE OF THIS LETTER

September 22, 1954

TO THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

The following represents the latest data available concerning distribution of forms and instructions under the Federal Employees' Group Life Insurance Act of 1954, and is issued for your guidance.

Standard Form 55, Notice of Conversion Privilege, (sample attached) will be distributed next week.

Standard Form 56, Agency Certification of Insurance Status, (sample attached) will be ready for distribution about October 15, 1954. However, retirement and death claims as well as requests for conversion should not be delayed pending receipt of this form. Until you receive SF 56, the information called for on it may be included in a letter addressed to the employee, or in case of death, to the Office of Federal Employees' Group Life Insurance.

Form FE-6, Claim for Death Benefits, (sample attached) will be distributed to agencies beginning September 27.

Form FE-7, Claim for Accidental Dismemberment Benefits, will not be distributed to agencies in the usual manner because the number of dismemberment cases is expected to be very small. In case of dismemberment, the Office of Federal Employees' Group Life Insurance or the Civil Service Commission will, upon request, supply the form.

Each of these forms contains "Instructions to Employing Agency," which explains its use and which if carefully followed will permit insurance actions to be speedily processed.

Chapter I-3 of the Federal Personnel Manual will be issued in about one month. It will contain detailed information and instructions on the operation of the insurance program.

The Insurance Accounting Manual will also be issued in about one month. The manual will be complete with respect to current accounting operations and annual reporting requirements.

- 2 -

Standard Form 51, Request for Insurance, will be distributed when ready. This form is to be used when an employee who waived coverage on Standard Form 53 desires to become insured. Since waiver of coverage extends for a minimum of one year, the need for Standard Form 51 is not urgent at this time.

Employee's Certificate of Group Insurance is now being prepared and will be distributed at the earliest possible date. It will contain a summary of the individual employee's insurance rights and each insured employee in your agency should be given a certificate when available.

When the above mentioned material has been distributed, you will have a complete reference source on the administration of the Federal Employees' Group Life Insurance Act. I wish to express my thanks for your cooperation in getting the program off to a quick start, and to remind you that when your initial stock of forms is depleted, an additional supply may be obtained, without cost to your agency, by request upon the Civil Service Commission.

Sincerely yours,

*Philip Young*  
Philip Young  
Chairman

Enclosure

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COMPTROLLER

STANDARD FORM NO. 55  
SEPTEMBER 1954  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 13, F.P.M.

NOTICE OF CONVERSION PRIVILEGE

Federal Employees' Group Life Insurance Act of 1954

An employee is entitled to convert to an individual policy when his group insurance terminates because of separation from an agency, transfer or appointment to a group excluded by law or regulation from insurance coverage, expiration of 12 continuous months in a non-pay status, or entry into the military service of the United States and acquisition of coverage under the Servicemen's Indemnity Act of 1951.

An employee whose group insurance terminates as indicated above may, under provisions set forth in his Certificate of Group Insurance, purchase an individual policy of life insurance without medical examination. The individual policy may be in an amount not exceeding the employee's group life insurance and will be issued at rates applicable to the type of policy purchased and to his current age and class of risk.

If you are entitled to convert group life insurance to an individual policy and wish to exercise this privilege, you must:

1. Ask the agency identified in the block below to give you a completed Agency Certification of Insurance Status, and
2. Follow the instructions printed on the Agency Certification of Insurance Status, and mail it to the Office of Federal Employees' Group Life Insurance, 330 Fourth Avenue, New York 10, N. Y. That office will promptly mail to you detailed information on how to apply for conversion.

**IMPORTANT**

THE TIME IN WHICH AN EMPLOYEE MAY CONVERT IS LIMITED. THE COMPLETED "AGENCY CERTIFICATION OF INSURANCE STATUS" (NOT THIS FORM) MUST BE MAILED TO THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE WITHIN 31 DAYS AFTER YOUR GROUP INSURANCE TERMINATES, OR WITHIN 15 DAYS AFTER THE DATE OF THIS NOTICE, WHICHEVER BASIS GIVES YOU THE MOST TIME.

UNDER CERTAIN CONDITIONS, LIFE INSURANCE IS PAYABLE IF DEATH OCCURS WITHIN 31 DAYS AFTER AN EMPLOYEE'S GROUP INSURANCE TERMINATES, EVEN THOUGH HE HAS NOT APPLIED FOR CONVERSION. IF DEATH OCCURS WITHIN THIS PERIOD FURTHER INFORMATION CONCERNING POSSIBLE BENEFITS MAY BE OBTAINED FROM THE AGENCY NAMED BELOW.

DATE OF THIS NOTICE

NAME AND MAILING ADDRESS OF AGENCY

INSTRUCTIONS TO EMPLOYING AGENCY

1. Fill in the name and address of the office which issues this notice (overprint or stamp if desired).
2. Fill in the date this notice is issued, and note this date in your records for possible future reference.
3. Give this notice as required to every employee on the date his insurance terminates (except by waiver).

STANDARD FORM NO. 56  
SEPTEMBER 1954  
U. S. CIVIL SERVICE COMMISSION  
CHAPTER 13, F.P.M.

## AGENCY CERTIFICATION OF INSURANCE STATUS

Federal Employees' Group Life Insurance Act of 1954

<b>COMPLETE IN ALL CASES</b>	1. FULL NAME OF EMPLOYEE (Last) (First) (Middle)	2. DATE OF BIRTH (Month, day, year)
	3. CHECK REASON FOR TERMINATING INSURANCE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIED <input type="checkbox"/> NON-PAY STATUS <input type="checkbox"/> OTHER (Specify) <b>12 MONTHS</b>	4. DATE OF EVENT CHECKED IN ITEM 3 (Month, day, year)
	5. ANNUAL RATE OF BASIC SALARY ESTABLISHED FOR INSURANCE PURPOSES ON DATE IN ITEM 4 \$ _____ PER ANNUM	6. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (Month, day, year)
<b>COMPLETE ONLY IF EMPLOYEE IS 65 OR OVER</b>	7. (A) WAS EMPLOYEE INSURED ON HIS 65TH BIRTHDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. (B) IF "YES," WHAT WAS HIS ANNUAL RATE OF BASIC SALARY ESTABLISHED FOR INSURANCE PURPOSES ON THAT DATE? \$ _____ PER ANNUM
	8. (A) DID EMPLOYEE ACQUIRE OR REACQUIRE INSURANCE AT ANY TIME AFTER HIS 65TH BIRTHDAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. (B) IF "YES," WHAT WAS HIS ANNUAL RATE OF BASIC SALARY ESTABLISHED FOR INSURANCE PURPOSES ON THE DATE HE LAST ACQUIRED INSURANCE COVERAGE? \$ _____ PER ANNUM
<b>COMPLETE IN ALL CASES</b>  <b>SIGN ORIGINAL ONLY</b>	9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS, AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 4.	
	(Signature of authorized agency official)	(Date)
	(Type name of authorized agency official)	(Title)
	(Name of agency)	(Mailing address of agency)

## CONVERSION INFORMATION

You are entitled to purchase an individual policy of life insurance (except term insurance) without medical examination, in accordance with the provisions set forth in your CERTIFICATE OF GROUP INSURANCE. The individual policy may be in an amount equal to or less than your group life insurance and will be issued at rates applicable to the type of policy purchased, your current age, and class of risk.

If you wish to convert your group life insurance to an individual policy, type or print your name and address in the space below and send the original of this form to the OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE, 330 FOURTH AVE., NEW YORK 10, N. Y. The envelope containing this form must be postmarked within 31 days of the date your group insurance terminated (see item 4 above) or within 15 days of the date of conversion notice (see item 6), whichever basis gives you the most time. Information on how to apply for conversion will be mailed to you promptly.

Your full name

Your address (Number, street, city, zone, State)

## IMPORTANT NOTICE TO RETIRING EMPLOYEES

If you retire on an immediate annuity with at least 15 years' creditable civilian service or on account of disability, your group life insurance (not accidental death and dismemberment) will continue during retirement without cost to you PROVIDED YOU DO NOT CONVERT TO AN INDIVIDUAL POLICY. However, your group insurance, which is based upon your salary (not your annuity) is reduced by 2% each month beginning at age 65. The maximum reduction is 75%.

The original of this form should be attached to your application for retirement unless you prefer to convert to an individual policy, if your application for retirement is filed without the original of this certification and you later decide to request continuation of your group life insurance (assuming you have not converted in the meantime), forward the original of this form to the agency or office which administers your retirement system. You will be notified by the Civil Service Commission of your insurance rights.

## DEATH WITHIN 31 DAYS

Under certain conditions life insurance is payable if death occurs within 31 days after an employee's group insurance terminates, even though he had not applied for conversion. If death occurs within this period, further information concerning possible benefits should be obtained from your agency.

## INSTRUCTIONS TO EMPLOYING AGENCY

### Completion of Certification

1. This certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death
  - b. Retirement
  - c. Any other reason (except waiver on S.F. 53) and employee desires to convert his group life insurance.
2. In item 6, give date of Notice of Conversion Privilege (S.F. 55), except that if this form (S.F. 56) is issued in lieu of S.F. 55, give current date. In case of death, leave this item blank.

### Disposition of Certification

1. Death of employee - Send duplicate copy of Certification immediately to the OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received. If no claim is received, send the original Certification, upon request, to the OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.
2. Retirement of employee - If the employee is applying for an immediate annuity (with at least 15 years' creditable civilian service, or for disability), attach the original Certification to the application for retirement and give duplicate copy to the employee. However, if the employee prefers to convert his group life insurance to an individual policy, give him the original and duplicate copy of the Certification.
3. All others - Upon request, give the employee the original and duplicate copy of the Certification or mail them to him.
4. In all cases - Retain file copy of the Certification in the employee's Official Personnel Folder or its equivalent.

### Prompt Certification Required

The time in which an employee may convert his group life insurance to an individual policy is limited. This Certification must be completed and delivered or mailed to him promptly.

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6/27/83

OFFICE OF FEDERAL EMPLOYEES'  
GROUP LIFE INSURANCE  
330 Fourth Avenue  
New York 10, New York

FEDERAL EMPLOYEES' GROUP LIFE  
INSURANCE ACT OF 1954READ INSTRUCTIONS BEFORE  
FILLING OUT THIS FORM.

## PART A. GENERAL INFORMATION CONCERNING THE DECEASED

1. FULL NAME OF THE DECEASED (Last) <input type="text"/> (First) <input type="text"/> (Middle) <input type="text"/>			2. DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
3. DATE OF DEATH Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		4. PLACE OF DEATH (City and State) <input type="text"/>	5. DOMICILE (Legal residence at time of death—City and State) <input type="text"/>
6. DEPARTMENT OR AGENCY IN WHICH LAST EMPLOYED, INCLUDING BUREAU OR DIVISION <input type="text"/>		7. LOCATION OF LAST EMPLOYMENT (City and State) <input type="text"/>	8. DATE OF FINAL SEPARATION Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
9. WAS DECEASED RETIRED AND RECEIVING ANNUITY UNDER ANY FEDERAL CIVILIAN RETIREMENT SYSTEM, INCLUDING OLD-AGE AND SURVIVORS INSURANCE (SOCIAL SECURITY) AND EMPLOYEES' COMPENSATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. (a) WAS DECEASED ON ACTIVE DUTY IN THE MILITARY FORCES OF THE UNITED STATES AT TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. (b) IF "YES," STATE BELOW GIVE CLAIM NUMBER, IF KNOWN <input type="text"/>		BRANCH OF SERVICE <input type="text"/>	SERIAL NO. <input type="text"/>
		GRADE OR RANK <input type="text"/>	ORGANIZATION AT TIME OF DEATH (Regiment, Co., etc.) <input type="text"/>

IT WILL NOT BE NECESSARY TO ANSWER PARTS B. THROUGH E. IF THE DECEASED NAMED YOU AS BENEFICIARY ON STANDARD FORM 54 AND THERE IS ATTACHED TO THIS CLAIM A RECEIVED COPY OF THE DESIGNATION OF BENEFICIARY (STANDARD FORM 54). BE SURE, HOWEVER, TO FILL OUT PART F. ON OTHER SIDE AND GIVE HERE YOUR RELATIONSHIP TO THE DECEASED.

(Your relationship to deceased)

## PART B. PERSONAL INFORMATION CONCERNING THE DECEASED

1. HOW MANY TIMES WAS DECEASED MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. GIVE NAME OF EACH SPOUSE (Include all former marriages) <input type="text"/>	4. HOW WAS MARRIAGE TERMINATED? (Check one in each case) <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	5. DATE MARRIAGE WAS TERMINATED <input type="text"/>
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	

## PART C. INFORMATION CONCERNING THE CLAIMANT

1. YOUR NAME (Last) <input type="text"/> (First) <input type="text"/> (Middle) <input type="text"/>	2. YOUR RELATIONSHIP TO THE DECEASED <input type="text"/>	3. YOUR DATE OF BIRTH Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
FILL IN BLANKS 4 THROUGH 14 IF YOU ARE THE WIDOW OR WIDOWER OF THE DECEASED.		
4. DATE OF MARRIAGE Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	5. PLACE OF MARRIAGE (City and State) <input type="text"/>	6. MARRIAGE WAS PERFORMED BY CLERGYMAN OR JUSTICE OF PEACE <input type="checkbox"/> OTHER (Specify) <input type="text"/>
7. WERE YOU LIVING WITH DECEASED AT TIME OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. IF NOT LIVING WITH DECEASED AT DEATH, WAS THERE A DIVORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. IF SEPARATED BUT NOT DIVORCED, GIVE DATE AND CAUSE OF SEPARATION, AND STATE WHICH ONE LEFT THE OTHER <input type="text"/>
9. IF YOU WERE DIVORCED FROM DECEASED, GIVE DATE AND PLACE OF DIVORCE MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> CITY <input type="text"/> STATE <input type="text"/>		11. HOW MANY TIMES WERE YOU MARRIED? <input type="text"/>
12. GIVE NAME OF EACH SPOUSE (Include all former marriages) <input type="text"/>		13. HOW WAS MARRIAGE TERMINATED? (Check one in each case) <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE
		<input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE

## PART D. INFORMATION CONCERNING NEXT OF KIN OF DECEASED

1. List below the name, age, relationship, and address of:

COMPIRCLEED

(a) Widow or widower;

SEP 27 11 67 21 54

(b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (including adopted child or illegitimate child, stating which class it is) or the descendants of deceased child or children.

(c) If there are no children, list the surviving parent or parents.

(d) If there are no survivors within the degrees indicated in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.)

NAME	AGE	RELATIONSHIP TO DECEASED	ADDRESS

FILL IN BLANKS 2. AND 3. ONLY IF ANY OF THE PERSONS LISTED ABOVE ARE UNDER AGE 21.

2. IF A GUARDIAN HAS BEEN APPOINTED BY THE COURT FOR ANY MINOR CHILDREN ABOVE, GIVE NAME AND ADDRESS OF GUARDIAN AND ATTACH COPY OF THE APPOINTMENT PAPER ISSUED BY THE COURT.

3. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

NAME	ADDRESS

 YES NO

## PART E. INFORMATION CONCERNING THE ESTATE OF THE DECEASED

1. IF AN EXECUTOR OR ADMINISTRATOR HAS BEEN APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED, GIVE NAME AND ADDRESS

2. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED?

NAME	ADDRESS

 YES NO

## PART F. CERTIFICATION BY CLAIMANT

1. Is claim being made for death benefits by accidental means (injuries solely sustained through violent, external and accidental means)? If "yes," attach any coroner's or other reports of investigation and newspaper clippings which are available concerning the accident.

 YES NO

I hereby certify that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld.

(NAME OF CLAIMANT—TYPE OR PRINT)

(SIGNATURE OF CLAIMANT)

(NUMBER AND STREET)

**WARNING.**—Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (62 Stat. 749.)

## INSTRUCTIONS TO CLAIMANT

### GENERAL —

To avoid delay:

- (a) read the following instructions carefully;
- (b) type or print in ink.

### ORDER OF PRECEDENCE —

Payment of life and accidental death benefits under the Federal Employees' Group Life Insurance Act of 1954 must be made in the following order of precedence:

- First, to the beneficiary designated by the insured;
- Second, if there is no such beneficiary, to the widow or widower of the insured;
- Third, if none of the above, to the child or children of the insured and descendants of deceased children by representation;
- Fourth, if none of the above, to the parents of the insured or the survivor of them;
- Fifth, if none of the above, to the duly appointed executor or administrator of the insured's estate;
- Sixth, if none of the above, to the other next of kin of the insured entitled under the laws of domicile of the insured at the time of his death.

### COMPLETION OF CLAIM —

All claimants must answer PART A—"General Information Concerning the Deceased." If you were designated in writing on Standard Form 54 as the beneficiary, you need not answer PARTS B through E. Otherwise, it is important that all questions be answered. Omissions or incomplete answers will delay settlement of the claim. If the answer to any question is "No" or "None," so state. In any event, be sure to fill out PART F.

### EVIDENCE REQUIRED —

In addition to the Certificate of Group Insurance and a received copy of Standard Form 54 "Designation of Beneficiary" if available, there must be submitted with this claim a certified copy of the public record showing the death of the insured. This record may be obtained from the Bureau of Vital Statistics located in the State capital, except in New York City where the record is maintained in the respective Borough Departments of Health, and in the State of Maryland where the records are kept in the city of Baltimore. Failure to submit death certificate will delay settlement of claim.

You will be informed if it becomes necessary to submit additional evidence.

### MANNER OF PAYMENT —

The entire amount of insurance is payable in a lump sum unless you state in a writing attached to this claim that you prefer payment in monthly (or annual) installments. If you indicate such a preference, you will be informed of the different settlement options available.

### IF ASSISTANCE IS NEEDED —

If you need assistance in completing this claim, contact the local personnel office of the department or agency in which the deceased was last employed, or the Office of Federal Employees' Group Life Insurance, 330 Fourth Avenue, New York 10, New York.

### WHERE TO SEND CLAIM —

Forward completed claim to the local personnel office of the department or agency where the deceased was last employed or, if the deceased was retired, send the completed claim to the Retirement Division, United States Civil Service Commission, Washington 25, D. C.

## INSTRUCTIONS TO EMPLOYING AGENCY

It is the agency's responsibility to assist the insured's beneficiary or next of kin in properly executing this claim. Upon completion, the agency should forward the claim and all required supporting evidence together with:

1. Original of Agency Certification of Insurance Status (S.F. 56);
2. Original of Designation of Beneficiary (S.F. 54) if any;

Complete and give to the claimant the following receipt for the Certificate of Group Insurance if such Certificate is surrendered. Do not delay claim if Certificate is not surrendered.

3. Waiver of Life Insurance Coverage (S.F. 53) and Request for Insurance (S.F. 51) if any;
4. Any other documents (except payroll records) bearing on the deceased employee's insurance status.

TO: Office of Federal Employees' Group Life Insurance  
330 Fourth Avenue  
New York 10, New York

## RECEIPT FOR FEDERAL EMPLOYEE'S CERTIFICATE OF GROUP INSURANCE WHEN SURRENDERED WITH CLAIM FOR DEATH BENEFITS

RECEIVED FROM.....

the certificate of.....  
(Name of deceased)

for transmission to the OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE with Claim for Death Benefits.

DATE..... Approved For Release 2002/07/12 : CIA-RDP79A0065A000200020005-2  
Signature of Authorized Agent